

CLAIMS ONLY	Application Number	Filing Date
	Applicant(s)	

Filing Date

* May be used for additional claims or amendments

CLAIMS	NO FIELD		AFTER FIRST		AFTER SECOND	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep	2					
Total Depend	30					
Total Claims	32					

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						